

Policy Underwriting Rejection Notification

Date: [Insert Date]

[Insured's Name]

[Insured's Address]

[City, State, Zip Code]

Dear [Insured's Name],

We regret to inform you that your application for liability insurance policy #[Policy Number] has been reviewed and, unfortunately, cannot be accepted at this time.

The reason for this decision is as follows:

- [Reason 1]
- [Reason 2]
- [Reason 3]

We understand that this news may be disappointing. We recommend that you consider alternative coverage options or seek advice from a licensed insurance broker.

If you have any questions regarding this decision, please feel free to contact us at [Contact Telephone Number] or [Email Address].

Thank you for considering [Company Name] for your insurance needs.

Sincerely,

[Your Name]

[Your Title]

[Company Name]

[Company Address]

[City, State, Zip Code]